

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/008334

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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12						
13		6				
14		6				
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48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	96	↔	↔	↔		
TOTAL CLAIMS	108	↔	↔	↔		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		↔	↔	↔		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS